



# SDMS Foundation Certification Examination Grant

## Employer Affirmation

This form is required only if the applicant is currently employed.

### Applicant Information

SDMS Member #  E-mail

Last Name  First Name

Daytime Phone

### Employment

My employer provides financial support for the following expenses:

Certification Examination Expenses	Employer Provided Financial Support		
	None	Partial (provide percentage)	Full
1. Examination Fees	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>
2. Study materials	<input type="checkbox"/>	<input type="checkbox"/> %	<input type="checkbox"/>

### Employer Affirmation

I hereby affirm that the information provided above is accurate. I understand that providing false or misleading information may result in denial of the application and other actions deemed appropriate by the SDMS Foundation.

Supervisor Signature   
Date (mm/dd/yyyy)

Supervisor First Name  Supervisor Last Name

Employer/Company Name

Address

City  State  Zip/Postal Code  Country

Daytime Phone  Email Address